



## TIME TO CHANGE THE OUTLOOK OF ICDS SCHEME (AWCS): COMPREHENSIVE FACTS

Chesfeeda Akhter<sup>1</sup>, Gulshan Wani<sup>2</sup>

Department of Education, University of Kashmir, Srinagar

### ABSTRACT

India is one of the countries with malnutrition and associated health problems. It is also the country with high-level of regional disparity, social hierarchy and inclusive society and is recounted with highest mortality of children of less than 5 years of age with nearly 74 deaths per 1000 live births. As per the reports the hunger and malnutrition among children prevails in large pockets in India. Perusal of literature depicts that 38% of children younger than five years of age in India are stunted. The problem of undernourishment costs India at least \$10 billion annually in terms of loss of productivity, illness and death and improvement in human development. ICDS represents the notable symbols of commitment and retort to the above mentioned challenges by providing pre-school education on one hand and simultaneously breaks the nasty cycle of starvation, morbidity, abridged learning capacity and mortality. ICDS hence is believed to be the most imperative and focal programme with positive role in tackling India's health and nutrition problems. All the blocks of Jammu and Kashmir are also covered under the Integrated Child Development Services Scheme. The programme is implemented through a network of community-level "Anganwadi Centers". Despite huge allocations by the Central Government through Centrally Sponsored Programme of ICDS in India (especially in rural areas of the state), and under the flagship of this scheme in Jammu and Kashmir, still the growth in basic infrastructure and perfections in amenities/facilities remained unsatisfactory. The National Educational Policy 2020 guarantee to meet UN Sustainable Development Goal Target 4.2 by 2030 and ensure that all girls and boys have access to quality pre-primary education provide opportunities to safeguard impartial access to quality pre-school education. The main theme of this review is to attract the attention with the fact that there must be emphasis more on the significance of the scheme at various platforms. It is the time to evaluate the actual position of the scheme with respect to its execution at the ground level with specified objectives. Also our focus here is to inform concerned Govt. authorities that new insights and tactics cum methodologies need to be developed with respect to inclusive facts to broaden its implementation along with remedial steps to remove the imperfection.

**KEYWORDS:** ICDS, AWCs, Malnutrition, Pre-school education, ECCD, Nursing/Lactating Mothers

### INTRODUCTION

The burning challenge of the today's world is malnutrition (WFIM, 2012). India is one of the countries with malnutrition and associated health problem as top challenges among children and married woman (Devi, B. 2020). India is the country with high-level of regional disparity, social hierarchy and inclusive society. Besides these high levels of economic and social inequality, health and nutrition inequalities are also prevalent and unrelenting in Indian society. India is in the category of South East Asian Region (SEAR D) that means it is pigeonholed with high child and adult mortality (WHO, 2000). As per reports of NFHS-3, 2005-06, India is recounted with highest mortality of children of less than 5 years of age with nearly 74 deaths per 1000 live births. During these early crucial stages of physical and mental development periods, voluminous worldwide agencies like UNICEF, WORLD BANK and IMF etc. are endlessly putting their efforts to draw attention of all nations towards Early Childhood Care and Development. As per UN based Millennium Development Goals Index, India falls among the countries with poor health and nutrition status among pre-school children. Several international organization from time to time published a lot of data which indicates that India's score (rank in global scenario) with respect to starvation

and malnutritional issues is not agreeable. As per the reports published by Govt. of India and United Nation World Food Programme named as "Food and Nutrition Security Analysis, India, 2019" discloses that hunger and malnutrition among children prevails in large pockets in India. As per the reports published by UNICEF depicts that 38% of children younger than five years of age in India are stunted. The problem of undernourishment costs India at least \$10 billion annually in terms of loss of productivity, illness and death and improvement in human development as per the reports published by World Bank Global Nutrition 2018. FAO figures also disclose that 194.4 million people in India i.e; 14.5% of total population are undernourished. India ranks 102 out of 117 countries in the global hunger index, 2019 which is also a very poor show in terms of development (Devi, B. 2020).

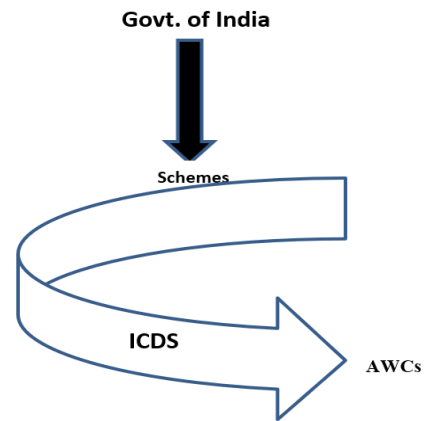
### REVIEW

The other aspect to invest more resources and economic wealth towards Children as these are the basic and first call on the agenda of human resource development – not only because early age children are most susceptible, but these early years become the grounds for lifelong learning and human development. It is internationally admitted now that

any nation's economic development is in the investment of human resources development with respect to child growth, child development and survival. It befits one of the main and primary sources for any nation's economic development (ICDS Report, 2011). For the country, children are imminent resources and become the focal reason for which the Ministry of Women and Child development implemented countless schemes for the health, development and security of children.

To overcome the momentous situations of poor health, under nutrition and to institute the link between education, health and nutrition, the Government of India commenced the programme called as Integrated Child Development Service (ICDS) in October 1975. The objective of the scheme is to lessen the infant and child mortality. In the today's world, ICDS denotes one of the world's topmost and distinctive programmes for early childhood development and care (GOI, 2010). The major role of ICDS is not only in reducing the incidence of mortality, morbidity, malnutrition and wastage but simultaneously lays the foundation for the psychosocial, physical and social development of a child. ICDS also boosts the capability of mothers to look after the normal health and nutritional needs not only of themselves but also of their young children through proper nutrition and health education (Gupta et al, 2013; ICDS report, 2012).

As per the published reports, ICDS is functioned for the past three decades in sinking maternal and childhood malnutrition and hence has now emerged as the world's largest programme. India is the country having largest child population in the world with 158 million children below 6 years (as per 2001 census), constituting 15.42 per cent of the total population. However, the substantial proportion of them breathes in economic and social milieu of poverty, pitiable environmental sanitation, infection, poor access to primary health care, inapt child caring and nourishing practices, hampering the child's physical and mental development. ICDS not only represents the notable symbols of commitment and retort to the challenges by providing pre-school education on one hand but simultaneously breaks the nasty cycle of starvation, morbidity, abridged learning capacity and mortality. With the challenging work culture, ICDS has been expanded remarkably in its scope and commitment. Perusal of literature portrays that ICDS covers around 7.6 million foreseeable and nursing mothers and over 36 million children less than of six years of age. ICDS hence is believed to be the most imperative and focal programme (Fig.1) with positive role in tackling India's health and nutrition problems.

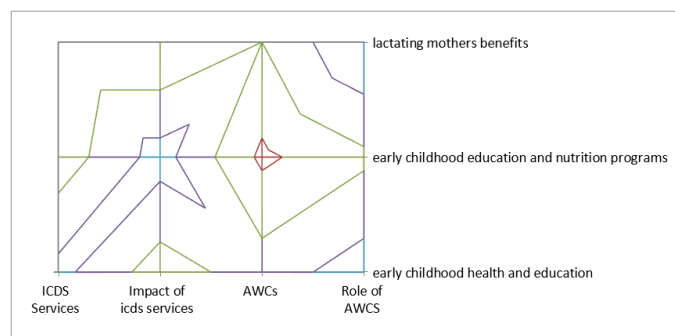


**Fig.1. ICDS a focal programme, Govt. of India.**

As per reports of ICDS on March 31, 2009, 721.96 lakh children in the age group of 1 months to 6 years and 151.47 lakh pregnant and lactating mothers were provided with supplementary nutritional benefits whereas a little over 340.60 lakh of children (aged 3-6 years) received pre-school education services under. This data indicates that maternal and child intrusions have played an imperative role in substantially lowering infant and under-5 mortality rates. The promotion of facilities for the growth and development of pre-school children becomes evident by the Governmental by framing the constitution of National Children's Board and also from the Resolution of National Policy for Children, 1974. Integrated Child Development Services (ICDS) was evolved to make a systematized effort for an integrated programme to deliver services for expectant and nursing women in pursuance of the National Policy for Children (Fig.2). The blueprint for the scheme was drawn by the Ministry of Social Welfare, Government of India, in 1975. The Scheme was launched throughout the country in almost all states including Jammu and Kashmir in 1975 with the founding of a project at Kangan in district Ganderbal (earlier part of Srinagar District). The scheme entitled for organized and combined determination by different Ministries, Departments and Voluntary Organizations. All the blocks of Jammu and Kashmir are covered under the Integrated Child Development Services Scheme. The programme approaches inclusive child health comprising health, nutrition, and education components for children less than six years of age, pregnant women and lactating mothers (Manzoor, S. and Khurshid, S. 2014).

ICDS delivers planned and regulated bundle of services through network programs (Fig.2 ).The programme is implemented through a network of community-level "Anganwadi Centers". AWCS are believed to be domineering for immunisation, health check-up and referral, child growth monitoring, nutrition and health education for women, supplementary feeding for children, pregnant and lactating mothers and pre-school education for children aged 3-6 years. 10.44 lakh such functioning AWC were reported nationwide as on March 31, 2009 spread over 6,120 operational projects (<http://wcd.nic.in/icdsimg/sanoperAWCbenf311209.pdf> as retrieved on March 28, 2010). The imperative array of amenities targeted for children upto 6 years of age and their mothers are growth monitoring, immunization, health check-ups and supplementary feeding, as

well as nutrition and health education to expand the childcare and feeding practices that mothers adopt (Nandni, et al., 2020).

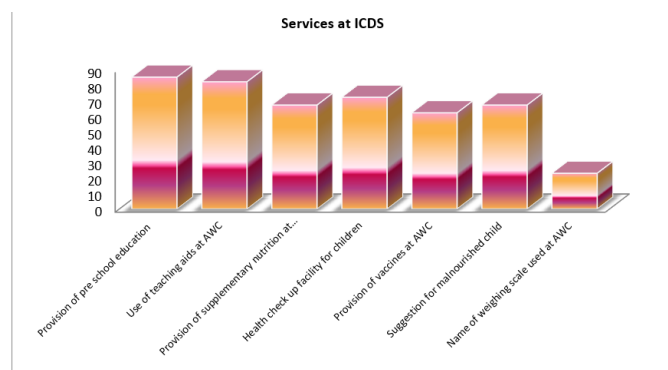


**Fig.2. Bundle of services delivered by ICDS**

Despite huge allocations by the Central Government through Centrally Sponsored Programme of ICDS in India (especially in rural areas of the state), also under the flagship of this scheme in Jammu and Kashmir, still the growth in basic infrastructure and perfections in amenities/facilities remained unsatisfactory. Perusal of literature showed that the impact of ICDS on the overall development of children in India has not been up to the mark (Fig.3) and concluded that there are gaps in implementation of almost all the schemes of ICDS ensuing in poor outcome. (Agarwal et al., 2000; Trivedi et al., 1995; Chudasama, et al., 2014; Gragmolati et al., 2006), whereas some of the studies have reported that the scheme has helped in the upliftment of nutritional and immunization status of children (Bhasin et al., 2001), but still needs the revision and look for its implementation on the ground level with cent percent achievements. Similar problems are also observed with community response to the programme, these integrated service centers have been just reduced to supplementary nutrition. Hence, it becomes imperative at this stage to identify as to what extent these schemes have been in a position to achieve the stated objectives. Government of India time to time implements large number of Centrally Sponsored Schemes (CSS) with respect to rural development, urban development, health and family welfare, education, agriculture, women and child development, sanitation, housing, safe drinking water, irrigation, transport, border area development, social welfare throughout the Country, including Jammu and Kashmir. The schemes were to meant un-employment problems; reduce poverty & economic inequality, lack of infrastructure, boost economic development and improvement of the quality of life. To achieve objectives, mammoth allocations were made by the Central Government through Centrally Sponsored Programme of ICDS in Jammu and Kashmir; however, the development with respect to infrastructure and improvements in services has been insufficient, especially in rural areas of the state.

As per the data of Government of India, there are 31938 sanctioned AWCs in Jammu and Kashmir, out of which 29599 are operational. It is indispensable to polish the outlook on the impact of the anganwadi centres in improving the health status of people in the rural areas at grassroot level, focusing especially on pre-school children, children's health, adolescents, nursing mothers and the link between contribution of the anganwadi

workers and the child health signs Fig.3. (Kapoor, R.2018).



**Fig. 3. Services at ICDS and their frequency**

Recent study by Rao et al., (2021) focuses on the providing of center-based preschool education for children ranging in age from 3 to 6 years in India. India has made prodigious strides in improving access to preschool education. The National Educational Policy 2020 and the country's guarantee to meet UN Sustainable Development Goal Target 4.2 by 2030 and ensure that all girls and boys have access to quality pre-primary education provide opportunities to safeguard impartial access to quality pre-school education. Fundamental to meeting national targets is the implementation of the National Quality Standards for Early Childhood Care and Education. Moreover, enlarged budget allocations to preschool education, prioritizing professional preparation of the early childhood work force and harnessing technology to monitor government programs have significant potential to boost the early childhood system.

## CONCLUSION

The main objective to write this review is to attract the attention with the fact that we must emphasis more on the significance of the scheme at various platforms, but also it is the time to evaluate the actual position of the scheme with respect to its execution at the ground level with specified objectives. Also our focus here is to inform concerned Govt. authorities that new insights and tactics cum methodologies need to be developed with respect to inclusive facts to broaden its implementation along with remedial steps to remove the imperfections.

## Acknowledgements:

The authors are grateful to Department of Education, University of Kashmir, Srinagar for their full cooperation and support by providing all necessary facilities. Dr. Aabid M. Rather (SERB-YOUNG SCIENTIST FELLOW-SERB) provided excellent direction, valuable inputs and timely support to the authors for the Preparation of the manuscript.

## REFERENCES

1. WHO (2000). Neonatal and Perinatal Mortality: Country, Regional and Global Estimates, ISBN 92 41563206.
2. Rao, N., Ranganathan, N. , Kaur, R. and Mukhopadhyay, R. (2021). Fostering equitable access to quality preschool education in India: challenges and opportunities. International journal of Child care and Educational policy.
3. Nandi, A., Behrman, J. R., Black, M. M., Kinra, S., and Laxminarayan, R. (2020). Relationship between early-life

nutrition and ages at menarche and first pregnancy, and childbirth rates of young adults: Evidence from APCAPS in India. *Maternal & Child Nutrition*, 16, e12854

4. Manzoor, S. and Khurshid, S. (2014). Panchayat Participation in Integrated Child Development Services Programme in District Budgam of Kashmir, India. *International Research Journal of Social Sciences*; Vol. 3(5), 25-28.
5. Chudasama, R.K. et al., (2014). Evaluation of integrated child development services programme in Gujarat, India. *Indian pediatric*.
6. Bhasin, S.K.; Bhatia, V.; Kumar, P.; Aggarwal, O.P. (2001). Long term nutritional effects of ICDS. *Indian J. Pediatr.*, 68, 211–216. [CrossRef] [PubMed].
7. Gupta, A., Gupta, S. K., & Nongkynrih, B. (2013). Integrated Child Development Services (ICDS) scheme: A journey of 37 years. *Indian Journal of Community Health*, 25(1), 77-81.
8. Gragnolati, M.; Bredenkamp, C.; Gupta, M.D.; Lee, Y.-K.; Shekar, M. (2006). ICDS and persistent undernutrition: Strategies to enhance the impact. *Econ. Political Wkly.* 2006, 41, 1193–1201.
9. Kapoor, R. (2018). The functioning of Anganwadi centres and workers. University of Delhi. ([https://www.researchgate.net/deref/http%3A%2F%2Fshodhganga.inflibnet.ac.in%2Fbitstream%2F10603%2F37010%2F11%2F10\\_chapter%25203.pdf](https://www.researchgate.net/deref/http%3A%2F%2Fshodhganga.inflibnet.ac.in%2Fbitstream%2F10603%2F37010%2F11%2F10_chapter%25203.pdf)).
10. Manzoor, S. and Khurshid, S. (2014). Panchayat Participation in Integrated Child Development Services Programme in District Budgam of Kashmir, India. *International Research Journal of Social Sciences*; Vol. 3(5), 25-28.
11. Trivedi, S., Chhapparwal, B. C., & Thora, S. (1995). Utilization of ICDS scheme in children one to six years of age in a rural block of Central India. *Indian Pediatrics*, 32(1), 47–50.
12. Agarwal, K. N., Agarwal, D. K., Agarwal, A., Rai, S., Prasad, R., Agarwal, S., & Singh, T. B. (2000). Impact of the integrated child development services (ICDS) on maternal nutrition and birth weight in rural varanasi. *Indian Pediatrics*, 37, 1321–1327.
13. Devi, B. 2020. Impact of ICDS on rural women & children: a case study of dolonghat block, nagaon, assam, *Journal of critical reviews*, vol 7, issue 5.